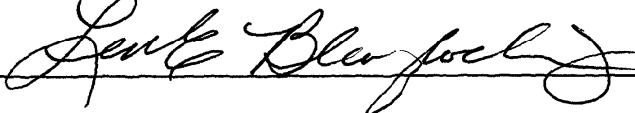


For: All FSA Offices

Arkansas Revision/Completion of Form RD 460-2

Approved by: State Executive Director



**1 Overview** Form RD 460-2, Subordination By The Government was revised 1-02. OGC has issued revision/completion requirements for AR.

**A Background** Before the revision, only FSA signed and acknowledged the form.

**B Purpose** The purpose of this notice is to establish a standard for completion of Form RD 460-2, Subordination By The Government in Arkansas in accordance with the Office of General Counsel. This is an agreement between the lender and the Government; therefore, the proper signatures on this form would be a representative of the United States of America by and through the United States Department of Agriculture and a representative of the lending institution. The current fillable form acknowledgment contemplates the signatures of the representatives will be notarized at the same time and place. As this is not the normal practice of FSA, it will be necessary for an acknowledgment to be made when the FSA representative signs the document and again when the lender signs the document.

**2 Action**

**A Revising the Acknowledgment For FSA** It is the responsibility of each county office to make the revisions to the FSA acknowledgment on each Subordination By The Government as issued in accordance with Exhibit 1.

**B Adding Lender Acknowledgment** It is the responsibility of each county office to add the Lender acknowledgment on each Subordination By The Government as issued in accordance with Exhibit 2.

Disposal Date	Distribution
Indefinite 01/06/03	All Arkansas FSA Employees

**ACKNOWLEDGMENT**

State of Arkansas

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared  
\_\_\_\_\_  
(Official's Name) \_\_\_\_\_, \_\_\_\_\_ (Official's Title) \_\_\_\_\_ of the  
Office of Farm Service Agency, United States Department of Agriculture, known to me to be the person  
described in the foregoing instrument, and acknowledged that he/she executed the same in the capacity  
therein stated for the purposes therein contained.

In Witness Whereof, I have hereunto set my name and official seal.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
(SEAL)

ACKNOWLEDGMENT

State of Arkansas

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared  
\_\_\_\_\_  
(Official's Name) \_\_\_\_\_, who acknowledged himself/herself to be the  
\_\_\_\_\_  
(Official's Title) \_\_\_\_\_ of \_\_\_\_\_  
(Lending Institution) \_\_\_\_\_,  
and that he/she, being authorized, executed the foregoing instrument for the purposes therein contained,  
in the capacity therein stated.

In Witness Whereof, I have hereunto set my name and official seal.

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
(SEAL)